

**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: MANCINI, MARIO FERBO  
Date of Birth: 02/23/1972  
Encounter Date: 06/27/2018 11:31

Sex: M Race: WHITE  
Provider: Voss, Heidi RN/HSA

Reg #: 11007-041  
Facility: SST  
Unit: Z01

Injury Assessment - Non-work related encounter performed at Special Housing Unit.

**SUBJECTIVE:**

**INJURY 1**      **Provider:** Voss, Heidi RN/HSA

**Date of Injury:** 06/27/2018 07:15      **Date Reported for Treatment:** 06/27/2018 11:30

**Work Related:** No      **Work Assignment:** IND PRINT

**Pain Location:**

**Pain Scale:** 0

**Pain Qualities:**

**Where Did Injury Happen (Be specific as to location):**

Unicor

**Cause of Injury (Inmate's Statement of how injury occurred):**

We were horse playing. We are both wrestlers

**Symptoms (as reported by inmate):**

Denies injuries. However, asked how he received a black eye, "head bunt."

**OBJECTIVE:**

**Pulse:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/27/2018	11:31 SST	94	Via Machine		Voss, Heidi RN/HSA

**Respirations:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/27/2018	11:31 SST	18	Voss, Heidi RN/HSA

**Blood Pressure:**

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
06/27/2018	11:31 SST	145/100	Right Arm	Sitting	Adult-large	Voss, Heidi RN/HSA

**Exam:**

**General**

**Appearance**

Yes: Appears Well, Appears Distressed

**Exam Comments**

Inmate denies injuries. Visible, black left eye. Denies change in vision, denies LOC. Small welt above left eye from head bunt. Long superficial scratch vertically from left forehead to mid cheek. Inmate reports they were wrestling when their boss left the room. States they do it all the time. Denies any pain. No other injuries noted on body, knuckles or extremities.

**ASSESSMENT:**

Cut(s) and/or Abrasion(s)



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**PLAN:****Disposition:**

Follow-up at Sick Call as Needed

**Patient Education Topics:**

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/27/2018	Counseling	Access to Care	Voss, Heidi	Verbalizes Understanding

**Copay Required:** No**Cosign Required:** Yes**Telephone/Verbal Order:** No

Completed by Voss, Heidi RN/HSA on 06/27/2018 11:38

Requested to be cosigned by Harvey, Paul MD, RMD.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons**

**Health Services**

**Cosign/Review**

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**Cosigned by Harvey, Paul MD, RMD on 06/27/2018 11:41.**